Foster Family Home - Corrective Action Report

Provider ID: 1-510257

Home Name: Elma Tierra, CNA Review ID: 1-510257-8

94-877 Mokuahi Street Reviewer: Jackie Chamberlain

Waipahu HI 96797 Begin Date: 3/28/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)HHM # 3 has not received clearance for APS, CAN or fingerprint

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and

procedures and client privacy rights.

Comment:

16.(b)(5) No evidence that HHM # 3 has not been trained on their confidentiality policies and procedures and client privacy rights.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) No evidence that HHM # 3 has TB clearance

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1)There is no MD signed client # 1 or 2 in the clients binder. There is no MD orders at all in the client binder for client # 1

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Foster Family Home	Physical Environment	[11-800-49]	
49.(a)(4) Wheelch	air accessibility to sleeping rooms, bathrooms	s, common areas and exits, as appropriate	;

49.(a)(4) Per My Choice My way clients to have open access to the kitchen, dining area and recreational room. there is 3 steps to the home dining area. There is not wheelchair access to the mini kitchen due to items being stored in the pass through. There is no dining table accessible to the clients

Foster Famil	y Home	Client Rights	[11-800-53]
53.(b)(7)		humiliated, harassed, or threatened al restraints may be used as specifi	I, and be free from physical and chemical restraints. Physical and ed in section 11-800-47(d);
53.(b)(15)	Have d	aily visiting hours and provisions for	privacy established;
Comment:			

53.(b)(15) Client # 1 and 2 do not has a locks on the inside of their bedroom doors for patient privacy

Compliance Manager

Primary Care Giver

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Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name	on	CCFFH	Certificate:

Elma Tiena

(PLEASE PRINT)

CCFFH Address:

94-871

Mokuahi St., Waipalm, HI TUTAT

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.61)(1) 8.61)(2)	HHM #3 Obtained Criminal Ristery on 4/8/21.	418/21	Home will utilize smoot phone to schedule due dates.
16,(6)(4)	Provided trainings to all SCG and HHM, on their confidentiality Policies + procedures and client	411/21	Home will fave training to out the SCG and HHM.
41.66)(7)	privacy rights. HHM #3 obtained a current TB clearonce.	4(7/21	Home will utilize smart plume to schedule due dates.
41.630)	Clients PCP provided their MD order pur client 1+2.	415/21	PCG will make sure to Rane current MD order on both clients 1+2.
53.(b)(tr)	clients bedroom Ras locks on the incide doors par pts. privacy.	4)1/21	Home will make some that clients 142 will have their own privacy.

All items that were fixed are attached to this CAP	a.	4/16/21
PCG's Signature:	Offin	Date: